

NHSN: Long Term Care Component

Overview

The Long-term Care Facility (LTCF) Component provides long-term care facilities with a customized system to track infections and prevention process measures.

Tracking this information allows facilities to identify problems, improve care, and determine progress toward national healthcare-associated infection goals.

Facilities eligible to report into all modules of this component include:

- Nursing homes
- Skilled nursing facilities
- Chronic care facilities
- Developmental disability facilities

<https://www.cdc.gov/nhsn/ltc/>

Available Modules in the LTCF Component

- *C. difficile* Infection (CDI) and Multidrug-resistant Organisms (MDRO)
- Urinary Tract Infections (UTIs)
- Prevention Process Measures
 - Hand Hygiene
 - Gloves
 - Gown Use and Adherence
- Healthcare Personnel Vaccination Component

Why Use NHSN?

Real-time Data and Analysis

- NHSN gives healthcare facilities the ability to see their data in real-time, use pre-built analysis tools, and share that information with clinicians and facility leadership

Surveillance and Prevention

- Tracking infections can assist facilities in identifying problem areas and track progress with implemented prevention strategies

Meet CMS Requirements

- No current CMS reporting requirements for Long-term care facilities
- However, provides a channel for facilities to comply with Centers for Medicare and Medicaid Services (CMS) infection reporting requirements

How Do I Enroll?

Enroll in NHSN

- Facility must complete the Agreement to Participate and Consent enroll in the Long-Term Care Component of NHSN
- Once processed by NHSN, the facility is active
- After processing all users must acquire SAMS credentials and SAMS grid card to access NHSN
 - Instructions are provided by NHSN post-activation
 - Complete form and send identity verification materials to CDC

NHSN Set-up

1. Mapping Locations

- Each resident care location in your facility should be mapped to a CDC location code/description
- Provides information about the type of residents or care service of that location
 - NHSN 80% Rule – Location code best reflects the majority, or 80%, of the residents of that unit

2. Monthly Reporting Plans

- Tells NHSN which modules and events your facility will be tracking for the month
- Must be submitted for every month that your facility plans to perform surveillance
 - Can be up to one year in advance

3. Add Users and Assign Rights

- Facility Administrator (FacAdmin) can add additional users to access NHSN and assigns rights to each user
- Best practice to have at least two users to limit gaps in reporting

4. Report your data!

5. Share your Data with MDHHS!

- Join MDHHS SHARP Group with Group ID and Password
- After joining, facility will “Confirm Rights” and “Accept”

NHSN Analysis

Entering Event Data

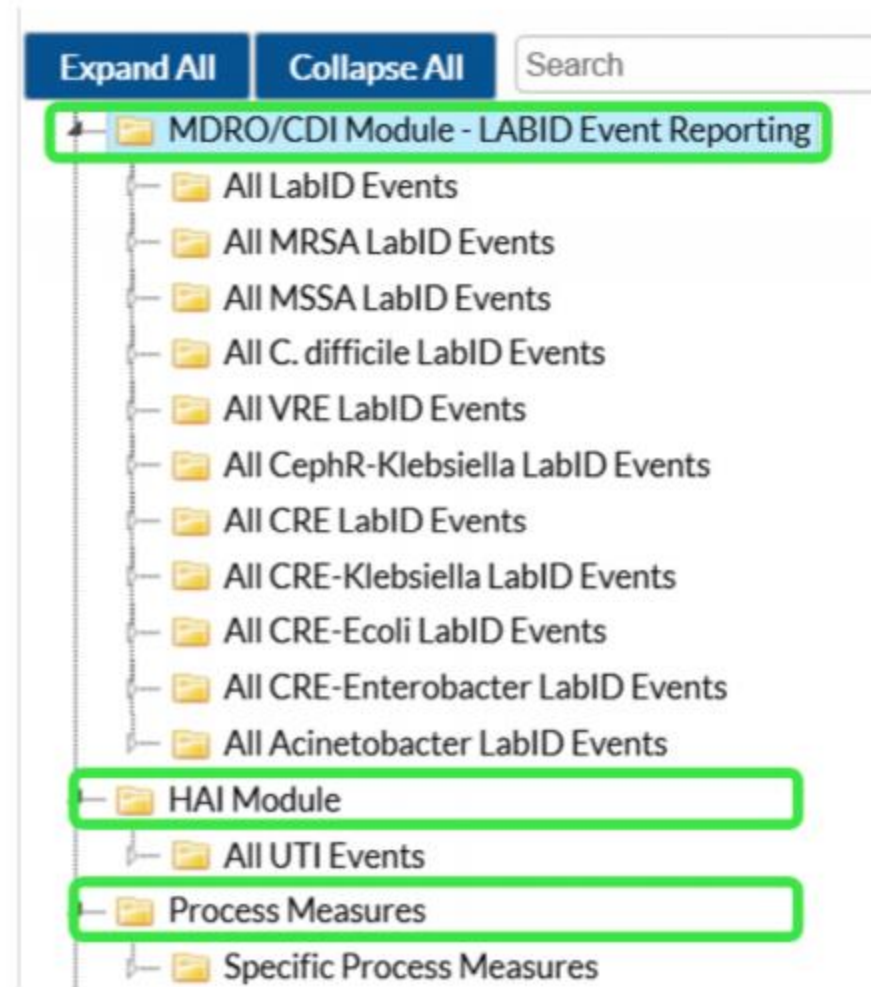
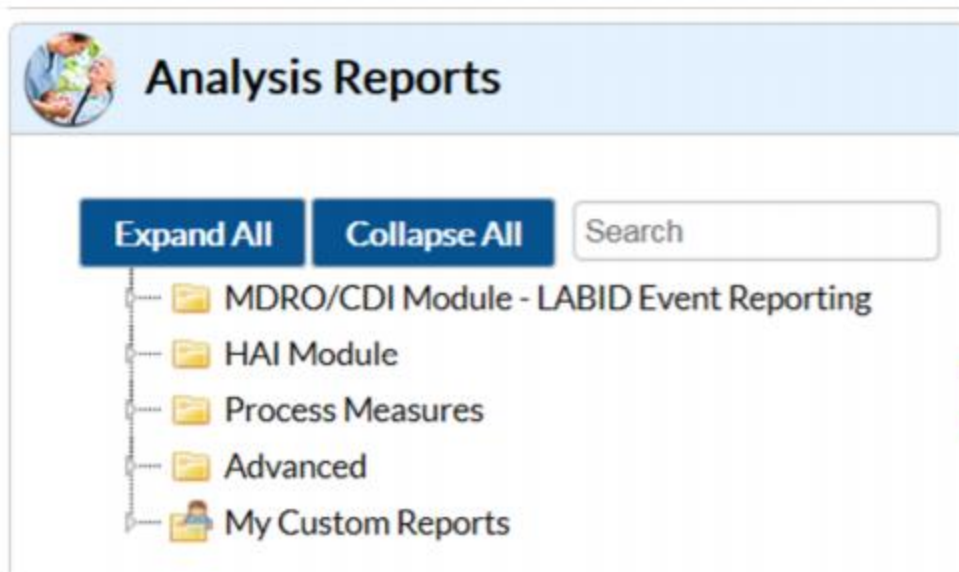
- Once it is determined that an event or infection has met NHSN surveillance definition, it is reported into NHSN
- Report Total Resident Days

Generating datasets

- Datasets must be generated following any changes so that it can be reflected in the analysis reports
 - Including the addition of new events

Start analyzing!

Analysis Reports: Organized by module, then into folder by event type

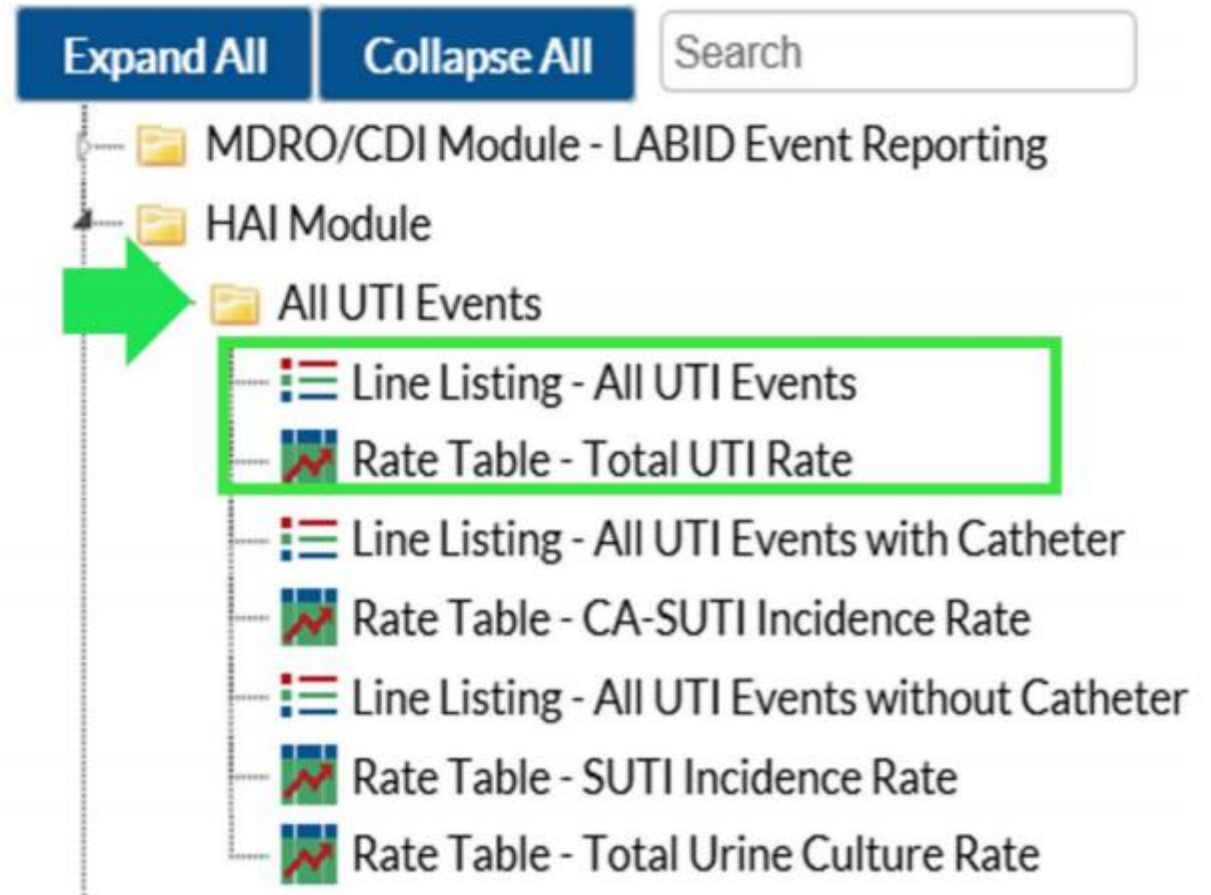


What Reports are available for my event data?

Line list allow resident-level review of data

Rate tables display an overall facility calculated rates

Available reports may be modified and saved to Custom Reports folder!!



Line Lists and Rate Tables Examples

National Healthcare Safety Network

Line Listing - All UTI Events

As of: July 9, 2018 at 12:20 PM

Date Range: LTCUTI_EVENTS eventDateYM 2018M01 to 2018M06

1	2	3	4	5	6	7	8
orgID	resID	curAdmDate	eventID	eventDate	ltcSpcEvent	cathStatus	location
11106	CDC-058	12/26/2014	1833	06/05/2018		NEITHER	GEN
11106	CDC-050	02/08/2018	1834	06/13/2018		INPLACE	GEN
11106	CDC-007	06/11/2011	1753	01/12/2018	CA-SUTI	INPLACE	DEMENTIA
11106	CDC-017	06/13/2013	1792	01/22/2018	CA-SUTI	INPLACE	DEMENTIA
11106	CDC-016	09/12/2014	1793	03/12/2018	CA-SUTI	INPLACE	DEMENTIA
11106	CDC-009	03/30/2018	1761	04/12/2018	CA-SUTI	INPLACE	GEN
11106	CDC-024	04/01/2018	1771	04/23/2018	CA-SUTI	NEITHER	GEN
11106	CDC-020	03/05/2018	1798	05/01/2018	CA-SUTI	INPLACE	DEMENTIA
11106	CDC-012	05/22/2012	1765	02/16/2018	SUTI	NEITHER	GEN
11106	CDC-003	01/25/2018	1745	03/14/2018	SUTI	NEITHER	GEN
11106	CDC-022	02/26/2018	1777	03/24/2018	SUTI	NEITHER	DEMENTIA
11106	CDC-025	12/01/2015	1796	05/01/2018	SUTI	NEITHER	GEN
11106	CDC-010	04/01/2018	1849	06/20/2018	SUTI	NEITHER	GEN

Sorted by ltcSpcEvent eventDate cathStatus

Data contained in this report were last generated on July 9, 2018 at 10:37 AM.

Total CDI Rate = CDI count / Total Resident Days x 10,000

Options available to review different rate metrics

National Healthcare Safety Network Rate Tables for CDI LabID Event Data Total CDI Rate

As of: April 11, 2017 at 1:31 PM

Date Range: LTCLABID_RATE SCDIF summaryYM 2017M01 to 2017M04

orgID=39455

summaryYM	location	ltcCDICount	numResDays	ltcCDIRate
2017M01	FACWIDEIN	2	2444	8.183
2017M02	FACWIDEIN	3	2490	12.048
2017M03	FACWIDEIN	3	2590	11.583

Conclusion

Benefits of using NHSN:

- HAI Surveillance allows facilities to identify problem areas, improve patient care, and track progress towards infection prevention
- See data in real-time using pre-built analysis tools
- Leverage resources by sharing data with clinicians and facility leadership
 - Ability to provide quick response time to administrator requests
- Get familiar with the system before CMS required enrollment

Already using NHSN?

- Share your data with the MI NHSN Group!
- Additional resource to help you understand your data
- SHARP Unit support with enrollment, reporting and analyzing data
 - Local, prompt response to questions

Thank you!

Elisia “Elli” Ray, MPH

NHSN Epidemiologist

Michigan Department of Health and Human Services

Division of Communicable Disease

SHARP Unit

RayE7@michigan.gov

www.michigan.gov/hai